

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: _____		2 Serial/Patent # <u>10/521892</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing	1	1-19-05	\$ 100							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 100							
10 REASON:		8 TO BE REFUNDED BY:									
<input checked="" type="checkbox"/>		Treasury Check									
<input type="checkbox"/>		Credit Deposit A/C #:									
<input type="checkbox"/>		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">5</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">5</td><td style="width: 20px; text-align: center;">5</td><td style="width: 20px; text-align: center;">2</td></tr></table>			5	0	--	0	5	5	2
5	0	--	0	5	5	2					
<input type="checkbox"/>		No Fee Due (Explanation):									
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>A Johnson</u>			TITLE: <u>paralegal</u>								
SIGNATURE: <u>A Johnson</u>			PHONE: <u>308-9140</u>								
OFFICE: <u>PCT</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____			DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: